

Wisconsin Department of Safety and Professional Services

Mail To:
P.O. Box 8935
Madison, WI 53708-8935

Fax To:
(608) 251-3036

Ship To:
1400 E. Washington Ave.
Madison, WI 53703

CERTIFICATION REQUEST FORM

Please allow 7 to 10 business days for processing.

CREDIT CARD

\$10.00 FEE PER CERTIFICATION

Credit Card Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

CHECK/MONEY ORDER

\$10.00 FEE PER CERTIFICATION

(Made payable to DSPS)

Check/MO Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

Name of License/Credential Holder: _____

License/Credential Number: _____ Profession: _____

Entity/State to Receive Certification (*Three states max per form*): _____

Certification Destination/Mailing Address (Certifications will only be mailed to State Boards or Professional Associations):

1. _____
(Street) (City) (State) (Zip Code)
2. _____
(Street) (City) (State) (Zip Code)
3. _____
(Street) (City) (State) (Zip Code)

IF YOU WISH TO RECEIVE AN EMAIL NOTICE when the Certification has been processed, please list the email address below:

Email: _____

PAYMENT INFORMATION:

Cardholder's Name: _____ Daytime Phone Number (____) ____ - ____

Cardholder's Address: _____
(Street) (City) (State) (Zip Code)

Credit Card Number: _____ Expiration Date: ____ / ____ / ____

Type (*Circle One*): Visa MC Disc AmEx



NOTE: Please include the Security code from front/back of card:

Cardholder's Signature: _____

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD WITH THE FOLLOWING DOLLAR

AMOUNT: \$ _____

DSPS uses RightFax to ensure safe and secure transmission of your payment information (Rev. 10/14)

For Receipting Purposes